

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097980754	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		2					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14		1					64					
15		1					65					
16		1					66					
17		1					67					
18		1					68					
19		1					69					
20		1					70					
21		1					71					
22		1					72					
23		1					73					
24		1					74					
25		1					75					
26		1					76					
27		1					77					
28			/				78					
29			/				79					
30			/				80					
31			/				81					
32			/				82					
33			/				83					
34			/				84					
35			/				85					
36			/				86					
37			/				87					
38			/				88					
39			/				89					
40			/				90					
41			/				91					
42			/				92					
43			/				93					
44			/				94					
45			/				95					
46			/				96					
47			/				97					
48			/				98					
49			/				99					
50			/				100					
TOTAL IND.	/		/				TOTAL IND.					
TOTAL DEP.	27	27	21	21			TOTAL DEP.					
TOTAL CLAIMS	28	28	20	20			TOTAL CLAIMS					